

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED
Date Stamp (Received)
SEP 20 2018

Bayfield Co. Zoning Dept.



Permit #:	18-0457
Date:	11-1-18
Amount Paid:	\$175 9-21-18
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Class A FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED → <input type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input checked="" type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: Conrad Nelson Family Trust	Mailing Address: 1441 Silver Circle Mosinee, WI	City/State/Zip: 54455	Telephone: 715 693-0077
Address of Property: 44050 Namakagon Sunset Rd	City/State/Zip: Cable, WI 54821	Cell Phone: 715 693-0077	
Contractor: North Country Craig Mauther Vacation Rentals	Contractor Phone: 715-739-6645	Plumber:	Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s)) Mike Furtak	Agent Phone: (715) 817-2034	Agent Mailing Address (include City/State/Zip): 673 Iron Lake Rd, Iron River, WI 54847	Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION Legal Description: (Use Tax Statement)	Tax ID# 25196	Recorded Document: (i.e. Property Ownership) 2017 R 570866	
1/4, 1/4	Gov't Lot	Lot(s)	CSM
		Vol & Page	Lot(s) No. 1-3
		Block(s) No. 7	Subdivision: Namakagon Village
Section 7, Township 43 N, Range 5 W	Town of: Namakagon		Lot Size
			Acreage .77

<input checked="" type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline: 790 feet		
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	# of Stories	Foundation	# of bedrooms in structure	What Type of Sewer/Sanitary System is on the property?	Type of Water on property
\$	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Basement	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: H.T.	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> _____		<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property		Use <input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input checked="" type="checkbox"/> STR				<input type="checkbox"/> Compost Toilet	
					<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length: 30	Width: 25	Height: 18
Proposed Construction:	Length:	Width:	Height:

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(X)	
		with a Porch	(X)	
		with (2nd) Porch	(X)	
		with a Deck	(X)	
<input type="checkbox"/> Commercial Use		with (2nd) Deck	(X)	
		with Attached Garage	(X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	(X)	
	<input type="checkbox"/>	Addition/Alteration (specify) _____	(X)	
	<input type="checkbox"/>	Accessory Building (specify) _____	(X)	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	(X)	
	<input checked="" type="checkbox"/>	Special Use: (explain) Class A Short Term Rental existing	(30 x 25)	750
	<input type="checkbox"/>	Conditional Use: (explain) _____	(X)	
	<input type="checkbox"/>	Other: (explain) _____	(X)	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s):
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date _____

Authorized Agent: Michael Furtak
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date 9-14-2018

Address to send permit North Country Vacation Rentals, P.O. Box 130
Drummond, WI 54832

Attach
Copy of Tax Statement ✓
If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

- Show Location of: Proposed Construction
Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

See attachment

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
<u>Namakegon Sunset Rd</u>			
Setback from the Centerline of Platted Road	75 Feet	Setback from the Lake (ordinary high-water mark)	490+ Feet
Setback from the Established Right-of-Way	45+ Feet	Setback from the River, Stream, Creek	NA Feet
		Setback from the Bank or Bluff	NA Feet
Setback from the North Lot Line	60+ Feet		
Setback from the South Lot Line	110+ Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	NA Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	50+ Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	9' Feet	Setback to Well	6' Feet
Setback to Drain Field	NA Feet		
Setback to Privy (Portable, Composting)	NA Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 08-735	# of bedrooms: 2	Sanitary Date: 6/23/08	
Permit Denied (Date):		Reason for Denial:			
Permit #: 18-0457		Permit Date: 11-1-18			
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:			
Was Parcel Legally Created Was Proposed Building Site Delineated		Were Property Lines Represented by Owner Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record:				Zoning District (R-1) Lakes Classification (-)	
Date of Inspection:		Inspected by:		Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (If No they need to be attached.)					
Condition: Maximum occupancy limited to 6 based upon septic system design for the dwelling. Must contact Bayfield County Health Dept for licensing as required by State Statute and contact Town regarding room tax.					
Signature of Inspector: [Signature]		Date of Approval: 11/1/18			
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>	
Hold For Fees: <input type="checkbox"/>		<input type="checkbox"/>			

City, Village, State or Federal
Units May Also Be Required

LAND USE – **X**
SANITARY – **08-73S**
SIGN –
SPECIAL – **Class A**
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **18-0457** Issued To: **Conrad Nelson Family Trust / Mike Furtak, Agent**

Location: - $\frac{1}{4}$ of - $\frac{1}{4}$ Section **7** Township **43** N. Range **5** W. Town of **Namakagon**

Gov't Lot Lot **1-3** Block **7** Subdivision **Namakagon Village** CSM#

For: **Residential Other: [1 – Unit; 1 - Story; Short-term Rental]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): **See reverse side.**

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found
to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

November 1, 2018

Date

Maximum occupancy limited to 6 based upon septic system design for the dwelling. Must contact Bayfield County Health Department for licensing as required by State Statute and contact Town regarding room tax. No other structures or vehicles, permanent or temporary can be placed on the property for human habitation or business until this short-term vacation rental permit is terminated. This includes but is not limited to travel trailers, motor homes, tents, tent campers, and house boats.

Town of Namakagon Conditions:

1. Obtain necessary permits. (See procedure)
2. Room Tax must be paid to Town Board.
3. Must have an inspected and approved sanitary system.
4. No RV's pop-up campers, tents, or other means of overnight stays allowed.
5. All vehicle and trailer parking must be contained on private driveway. (not on grass or on road).
6. All camp fires must be attended and extinguished by 11:00 PM
7. Quiet hours are from 11:00 PM to 7:00 AM
8. Pets must be restricted to rental property.
9. Property line delineation must be agreeable with both neighbors.
10. Contact number(s) must be for a person within 10 miles of property and must be available 24 hours per day.
11. Property must remain free from citations, nuisances, disorderly conduct, or any other type of illegal activity.
12. Land use, DNR and town regulations/ ordinances are included in rental information.
13. Occupancy limits set by the town are adhered to.
14. You are knowledgeable about your permits and transfer rights.
15. Garbage and recycling materials should be properly disposed of on a daily basis. Garbage containers must be kept out of the public's view except for garbage pickup day\
16. Trespass laws must be abided by at all times,
17. Fireworks by town permit only.

All of these criteria must be met by the owner. Suspension or revocation of your permit is a possibility if not allowed.

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

25275
3.00

RECEIVED

Date Stamp (Received)
AUG 31 2018

Bayfield Co. Zoning Dept.

Permit #:	18-0461
Date:	11-5-18
Amount Paid:	\$240 8-31-18
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED → <input type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: Gary & Sue Anderson	Mailing Address: 3988 Windsor Rd.	City/State/Zip: DeForest WI 53532	Telephone: 794-2789
Address of Property: 43935 CIH. D	City/State/Zip: Cable WI 54821		Cell Phone: 715-790-8577
Contractor: George L. Wolski	Contractor Phone: 715-798-3815	Plumber: Bassmoss plumbing	Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s)) George L. Wolski	Agent Phone: 715 798-3815	Agent Mailing Address (include City/State/Zip): 14085 Birch LNCable WI 54821	Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION Legal Description: (Use Tax Statement)	Tax ID# 25126	Recorded Document: (i.e. Property Ownership) 460 777	
1/4, 1/4	Gov't Lot	Lot(s) 62	CSM
		Vol & Page 249/88	Lot(s) No.
		Block(s) No.	Subdivision:
Section, Township N, Range W		Town of: NAMAKAGON	Lot Size
			Acreage

<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline: feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline: feet 84?		
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	# of Stories	Foundation	# of bedrooms in structure	What Type of Sewer/Sanitary System Is on the property?	Type of Water on property
\$ 80,000.	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Foundation	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: Holding	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> _____		<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property		Use	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/> _____		<input type="checkbox"/> Year Round		<input type="checkbox"/> Compost Toilet	
					<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width: 24'	Height:
Proposed Construction:	Length: 24'	Width: 24'	Height: 13'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	(24 X 40)	960
	<input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) Adding 1 Bedroom	(24 X 24)	536
	with Loft	(X)	
	with a Porch	(16 X 10)	160
	with (2nd) Porch	(X)	
	with a Deck	(X)	
<input type="checkbox"/> Commercial Use	with (2nd) Deck	(X)	
	with Attached Garage	(X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/> Mobile Home (manufactured date) _____	(X)	
	<input type="checkbox"/> Addition/Alteration (specify) _____	(X)	
	<input type="checkbox"/> Accessory Building (specify) _____	(X)	
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	(X)	
	<input type="checkbox"/> _____		
	<input type="checkbox"/> Special Use: (explain) _____	(X)	
	<input type="checkbox"/> Conditional Use: (explain) _____	(X)	
	<input type="checkbox"/> Other: (explain) _____	(X)	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s):
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date

Authorized Agent: George L. Wolski Amy L. Wolski
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date 18-Aug-18

Address to send permit 14085 Birch LN Cable Wisc. 54821

Attach
Copy of Tax Statement

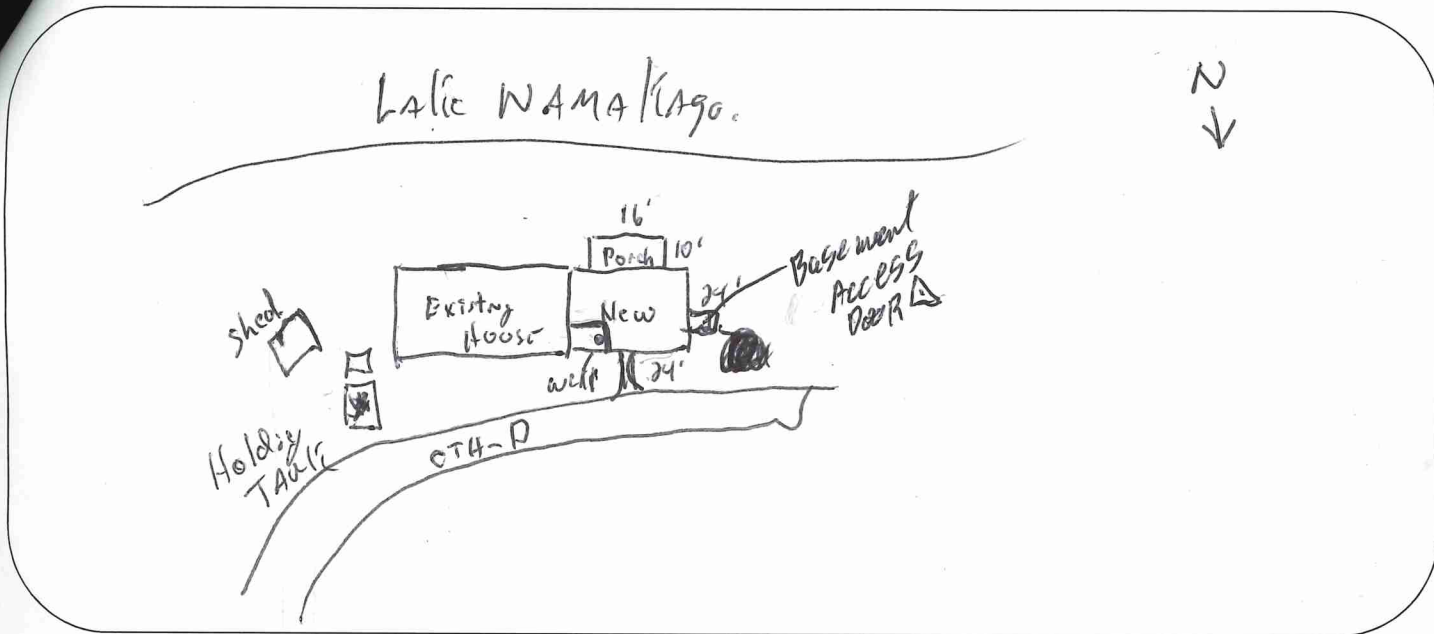
If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Draw or Sketch your Property (regardless of what you are applying for)

Fill Out in Ink - NO PENCIL

- Show Location of: Proposed Construction
Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	100' 69 Feet	Setback from the Lake (ordinary high-water mark)	84' 80 Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	106 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	84' 80 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	7' 25 Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	64 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	3 Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

Sanitary Number: 149848-PSA	# of bedrooms: 1809gal	Sanitary Date: 10.7.3
Reason for Denial:	Permit Date: 11-5-18	
8-0461		
el a Sub-Standard Lot <input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> No	Mitigation Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Common Ownership <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input checked="" type="checkbox"/> No	Mitigation Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
ure Non-Conforming <input type="checkbox"/> Yes		
Variance (B.O.A.)	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:
Was Parcel Legally Created <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:
sed Building Site Delineated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Record: 69' from the House		
69' from City D - Setback averaging 13.21-22 (b) (1).		
ction:	Inspected by:	Zoning District (1)
		Lakes Classification (1)
Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached.)		Date of Re-Inspection:
Condition: Construction site best management practices shall be implemented to prevent any erosion or sedimentation onto neighboring properties or wetlands. Necessary UDC permit shall be obtained.	(Mitigation) Preserve & protect shoreline Buffers	
Inspector: [Signature]		Date of Approval: 11/12/18
ry: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>
	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

City, Village, State or Federal
May Also Be Required

LAND USE - **X**
SANITARY - **149848**
SIGN -
SPECIAL -
CONDITIONAL -
BOA -

No. **18-0461** Issued To: **Gary & Susan Anderson**

Location: - $\frac{1}{4}$ of - $\frac{1}{4}$ Section **15** Township **43** N. Range **6** W. Town of **Namakagon**

Gov't Lot Lot **62** Block Subdivision **Namakagon Shores** CSM#

For: **Residential Addition / Alteration: [1- Story; Bedroom (24' x 24') = 576 sq. ft.; Porch (16' x 10') = 160 sq. ft.;]**
Total Overall = 696 sq. ft.

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Construction site best management practices shall be implemented to prevent any erosion or sedimentation onto neighboring properties or wetlands. Necessary UDC permit shall be obtained. Preserve and protect shoreland buffers.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

November 5, 2018

Date